Diarrhoea and/or Vomiting (Gastroenteritis) Pathway
Clinical Assessment / Management Tool for Children with suspected Gastroenteritis

Management - Acute Setting

Table 1

<table>
<thead>
<tr>
<th>Clinical Findings</th>
<th>Green - low risk</th>
<th>Amber - intermediate risk</th>
<th>Red - high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Over 3 months old</td>
<td>Under 3 months old</td>
<td></td>
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<tr>
<td>Behaviour</td>
<td></td>
<td></td>
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<tr>
<td>Skin</td>
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<tr>
<td>Hydration</td>
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<tr>
<td>Urine output</td>
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<tr>
<td>Respiratory</td>
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<td></td>
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<tr>
<td>Heart Rate</td>
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<td></td>
<td></td>
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<tr>
<td>Eyes</td>
<td></td>
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<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Triage
Assessment including PEWS Score
Temp, Heart Rate, RR, CRT, O, Sats, BP, Blood Glucose (if amber/red features)
Nursing Assessment – History, Hydration, Antipyretics
Start fluid challenge
Isolate to limit cross infection
Risk factors for dehydration – see figure 3

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

Yes

Contact Lead ED / Paediatric Doctor
Move to Resuscitation Area [see Fig 1]
Resus Call (“2222”)

Discuss with Lead ED / Paediatric Doctor

No

Consider alternative diagnoses to gastroenteritis if:
- Fever (>38) • Shortness of breath • Altered consciousness • Signs of meningism • Blood in stool • Bilious (green) vomit
- Vomiting alone • Recent head injury • Recent burn • Severe localised abdominal pain • Abdominal distension or rebound tenderness
- Consider diabetes

Fig 1 Management when clinical shock suspected
- Fluid trial – Dilute apple juice/ORS 5ml every 5 mins
- Consider Ondansetron 0.1mg/kg PO/sublingual (max 4mg) if continued vomiting in context of suspected gastroenteritis
- If fluids not tolerated or hydration not improved within 2 hours of arrival to ED please refer to paediatric team
- If fluids tolerated and hydration improves proceed to green action with consideration of referral to acute paediatric community nursing team if available

Fig 2 Management of Clinical Dehydration
- Tachycardia: HR > 150 beats/min if age 1-2 years; HR > 140 beats/min if age 3-5 years; HR > 120 beats/min if age 6-11 years; HR > 100 beats/min if age >12 years
- Peripheral pulses normal

Fig 3 Children at increased risk of dehydration are those:
- Aged <1 year old (and especially the <6 month age group)
- Have not taken or have not been able to tolerate fluids before presentation
- Have vomited three times or more in the last 24 hours
- Has had six or more episodes of loose stool in the past 24 hours
- History of faltering growth

Risk factors for dehydration – see figure 3

For all patients, continue monitoring following PEWS Chart recommendation

Green Action
Provide Written and Verbal advice (see parent advice sheet)
Continue with breast and / or bottle feeding
Encourage fluid intake, titrated often
Children at increased risk of dehydration [see Fig 3] Confirm they are comfortable with the decisions / advice given.

Amber Action
Begin management of clinical dehydration algorithm [see Fig 2] Blood Glucose Advice from Lead ED / Paediatrician should be sought and / or a clear management plan agreed with parents.
Consider referral to acute paediatric community nursing team if available.

Urgent Action
Immediate Paediatric Assessment
If clinical shock suspected or confirmed follow management plan [see Fig 1]

*Normal paediatric values (APLS):

<table>
<thead>
<tr>
<th>(APLS)</th>
<th>Respiratory Rate at rest: [bpm]</th>
<th>Heart Rate [bpm]</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>30 - 40</td>
<td>110 - 160</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>25 - 35</td>
<td>100 - 150</td>
</tr>
<tr>
<td>&gt; 2.5 years</td>
<td>25 - 30</td>
<td>95 - 140</td>
</tr>
<tr>
<td>5 - 12 years</td>
<td>20 - 25</td>
<td>80 - 120</td>
</tr>
<tr>
<td>&gt;12 years</td>
<td>15-20</td>
<td>60-100</td>
</tr>
</tbody>
</table>

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, overide the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.